HIE Policy Board Meeting

September 21, 2017

Agenda

- Call to Order & Announcement of Quorum [3:00 – 3:05 PM]
- Approval of July and August Minutes [3:05 – 3:10 PM]
- DHCF HIT/HIE Staff Report [3:10 – 3:20 PM]
- TA & Outreach – Lessons & Opportunities [3:20 – 3:30 PM]
- SMHP Update & Draft HIT/E Goals [3:30 – 3:45 PM]
- Discuss Use Cases and FY18/19 IAPD Projects [3:45 – 4:45 PM]
- Next Steps [4:45 – 4:50 PM]
- Public Comment [4:50 – 5:00 PM]
- Adjournment [5:00 PM]

BOARD ACTION – Approval of Minutes

- Vote on July 20, 2017 HIE Policy Board Meeting Minutes
- Vote on August 24, 2017 HIE Policy Board Special Session on Sustainability Minutes

DC HIE: Vision & Mission Statements

Vision

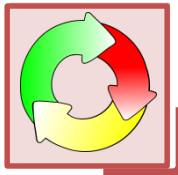
To advance health and wellness for all persons in the District of Columbia by providing actionable information whenever and wherever it is needed.

Mission

To facilitate and sustain the engagement of all stakeholders in the secure exchange of useful and usable health-related information to promote health equity, enhance care quality, and improve outcomes in the District of Columbia.

Proposed FY17 Board Activities and Deliverables

HIEPB Ongoing Tasks & Roles



- Set Priorities
- Gather feedback from key stakeholders
- Provide resources and connections, including guest presenters
- Serve as ambassadors of DC HIE programs

HIEPB Activities & Deliverables

- SMHP and Environmental Scan (September '17)
- HIE designation legislation guidance & report (July-November '17)
- My Health GPS Data subgroup & report (ongoing)
- Sustainability Committee outreach & report (December '17)

HIEPB Recommendations

- Mission, vision, and long-term goals (Oct '16)
- FY17 priorities (Nov '16)
- DC HIE designation requirements (Feb '17 – July '17)
- Feedback on HIE Tool DDI (April & July 2017)
- Sustainability Special Session (August '17)
- **Core set of use cases** (September '17)
- **FY18/19 IAPD projects** (September '17)
- Long-term Stakeholder Engagement Plan (December '17)
- High-level Sustainability Plan (December '17)

What Do We Need from You Today?

- **Provide Initial Feedback on Draft HIT/HIE Goals**
  - Are these the right Goals?
  - Are there other Goals that are critical to our success?
  - Do these Goals meet the needs of DC patients and providers?
- **Discuss and Provide Feedback on HIE Use Cases**
  - Are these the right Use Cases?
  - Are there any Use Cases or stakeholders missing?
- **Review and Prioritize 2018/19 IAPD Project Requests**
  - What are the factors that should affect the priority?
  - What is the priority and order for these efforts?

DHCF HIT/HIE STAFF REPORT

HIE Designation Subcommittee

- **Subcommittee Members:**
  - Andersen Andrew (DOH)
  - Kory Mertz (CRISP)
  - Dena Hasan (DHS)
  - Brian Jacobs (CNMC)
  - Katheryn Lawrence (DCAS)
  - Mike Noshay (Verinovum)
  - Justin Palmer (DC Hospital Association)
  - LaRah Payne (DHCF)
  - Donna Ramos-Johnson (DCPCA)
  - Barney Krucoff (OCTO)

- **Monthly subcommittee meetings**
  - 7 Meetings to date: 3/21, 4/11, 4/27, 6/29, 7/13, 8/22, 9/11
  - Next meeting: October TBD

HIE Designation Mission & Goals

Mission

Provide recommendations to DHCF regarding the establishment of a formal Designation process for HIEs operating in the District.

Goals

Elicit feedback on specific Designation requirements (e.g., Technical, Privacy, Security, etc.) and make recommendations to the HIE Policy Board regarding the legislative process.

HIE Designation Subcommittee: Current Activity

- Reviewed other states' approaches to HIE designation
  - Including Maryland, New York, Pennsylvania, Minnesota
- Used Maryland regulations as foundation for District's regulations
- Developed 2nd draft of rules based on HIEPB and Designation Subcommittee feedback
  - Finalized definition of DC HIE, designation, and registration
  - Rules define a formal two-step registration and designation process
- Revising 3rd draft of rules
  - Ensuring privacy and security requirements are clearly defined
  - Developing definition and requirements for interoperability

Vision of Two-Step Registration & Designation

- Registered HIE entities would be eligible to receive sub-awards from Designated HIE entities
  - All HIE entities will be required to register
  - Registration is meant to reinforce public trust in health information exchange

- Designated HIE entities would be eligible to receive DHCF grant funding and awards
  - HIE entities will be designated to develop, operate, or maintain DC HIE infrastructure or services for a duration to be determined by DHCF

- Only Registered and Designated HIE Entities will participate in the DC HIE
  - Meant to foster proliferation of DC HIE infrastructure and services

Sustainability Subcommittee Update

- Concluding initial outreach to understand current state and needs
- Maintain relationships and continue outreach
- Define core/common infrastructure needs
- Next meeting – October TBD
- Deliverable Due: December 2017
  - Long-Term Stakeholder Engagement Plan
  - High-Level Sustainability Plan

Outreach Efforts Recruited 118 New Providers for EHR Incentive Payments

- **Five-year outreach contract with DCPCA, Clinovations GovHealth and Zane Networks**
  - Targeted over 1600 potentially eligible providers
  - Often first time hearing about program
  - Technical assistance to select EHR and attest for the program
  - Focusing next year on meeting meaningful use requirements and adopting HIE tools

Program Year 2016 EHR Incentive Payment Program Applications

	n	Payment to Providers*
New Providers	118	$2,507,500
(DCPCA Targeted Providers)	(66)	($1,402,500)
Returning Providers	112	$952,000
Hospital Payments	6	$7,540,000
Total	236	$10,999,500

*If applications are approved, payments scheduled for next two months

TECHNICAL ASSISTANCE & OUTREACH – LESSONS LEARNED & OPPORTUNITIES

eHEALTHDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM

Helping Healthcare Providers Adopt Electronic Health Records and Achieve Meaningful Use

DCPCA
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION

DHCF Medicaid EHR Incentive Program (MEIP)

HIE-HIT Technical Assistance and Outreach Support

Base Year TA & Outreach Lessons Learned

Raakhee Sharma, eHealthDC Project Manager

Base Year Overview- TA Efforts

Scope: *To create a comprehensive program of outreach and technical assistance activities to raise awareness to and help DC eligible professionals meet the national meaningful use goals for use of Certified Electronic Health Record Technology (CEHRT).*

TA Goals during Base Year*

(March 15, 2017- September 30, 2017):

Identify new Medicaid EHR Incentive Program (MEIP) providers and offer technical assistance for:

- The adoption and meaningful use of Electronic Health Records.
- The successful attestation through the DC State Level Registry (SLR) to earn MEIP incentive payments
  - $21,250/provider for first year

**Final opportunity to enter MEIP as first-time participant and attest through the DC SLR was August 31, 2017.*

Criteria for Attesting through DC's MEIP Program

- Be a physician, nurse practitioner, certified nurse midwife, or dentist
- Maintain a **Medicaid patient volume threshold of 30%** (20% for pediatricians) based on CMS guidelines
- Adopt, implement or upgrade (AIU) federally certified health information technology by August 31, 2017
- Must not have attested for Medicare Incentive Program

Base Year Review- TA Efforts & Accomplishments

Prioritization Criteria for TA Efforts:

- Analyzed Medicaid claims volume for *new MEIP participants* to determine likelihood of achieving 30% patient volume threshold
  - Providers who bill >600 Medicaid claims: **~98 providers**
  - Providers who bill 300-600 Medicaid claims: **~150 providers**
- New prospective providers (had not entered MEIP anywhere) and small practice providers were prioritized

TA Accomplishments (as of 9/1/17):

- **99** providers committed to receiving technical assistance
  - **66 providers** were able to submit first-year attestations
  - **7 providers** signed up for meaningful use technical assistance

Base Year Review- Outreach Overview

- Outreach Approaches
  - Email Blasts/ Listserv blasts
  - Utilized call center to contact 800+ unique providers
  - In-person drop-ins/ canvassing
  - Presentations to provider groups and partnerships
  - Partnered with DHCF to send letters/ transmittals to all Medicaid providers re: MEIP; added a layer of credibility

- It took 3-4 touches per provider to get in the door with a gatekeeper/ decision-maker, unless referral came from someone credible

Base Year Review- Outreach Highlights

- Partnership with AmeriHealth MCO Dental Director resulted in dentist provider referrals from an email blast
- Partnered with UMC through their Quality Consultant, who was tasked with reporting across multiple programs with MIPS, PQRS
- Partnership with a business practice consultant who worked for many small/ solo practices led to identifying small practices who needed our free TA support

Base Year Review- Outreach Lessons Learned

- ***Partnership matters:*** have to identify stakeholder's priorities to align efforts so that referrals would be made
- Majority of providers enrolled through us via ***referrals/ credible sources***
- Identifying the ***right person to get you in the door*** is crucial to success and varies by organization
- ***Sometimes it's not just about the $$***
  - For many practices, the value proposition was investing in the infrastructure for quality initiatives or tying in PQRS/ Quality alignment strategies to get in the door
  - Identify innovations, early adopters, and change agents

TA Opportunities for FY18

- TA for EPs to achieve Meaningful Use requirements going forward
- Opportunity to assist all Medicaid providers for TA services and Practice Transformation efforts, including:
  - Meaningful Use
  - HIE Readiness and Connectivity Support
  - Support for HIE Tools Utilization
  - Clinical and administrative workflow redesign to utilize new HIE/HIT Tools

Outreach & Education Opportunities

- Outreach Events
- Community Partnerships
- HIE/E Summits & Events
- Webinars
- Meaningful Use Clearinghouse
- Learning Collaborative
  - EHR-specific communities
  - Peer-to-peer support and learning
- CME Credit
- Educational Content to Support/Augment Direct TA

Outreach Opportunities- Upcoming Events/ Partnerships

- MedChi Meeting: September 28th
- Medical Society of DC
- Ward 8 Health Council
- Health Alliance Network
- National Hispanic Medical Association: conference in DC in March
- Other:
  - Continue partnership with MCOs and look at how we can help providers succeed with DC's resources
  - Conduct series of seminars targeting Office Managers, Chief Medical Officers, providers, etc.
  - Engage and partner with peer providers/champions to discuss opportunities for identifying and collaborating with providers who might benefit from TA services

Questions?

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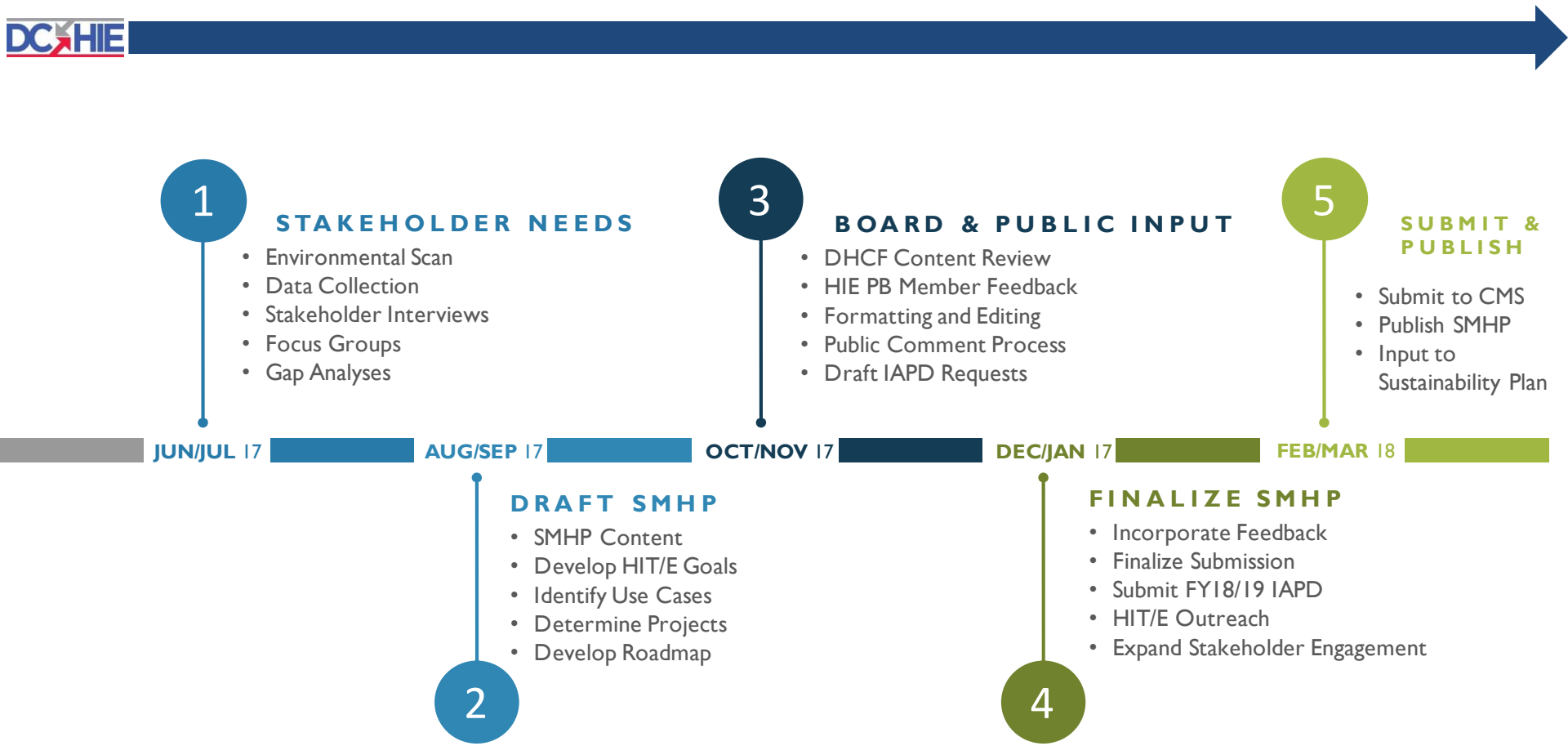
SMHP UPDATE &
DRAFT HIT/HIE GOALS

New SMHP to Be Submitted in Early 2018



Progress on SMHP Revision

- SMHP outline and first section drafted
- Planned total of 25 interviews and 5 focus groups
  - Due to complete outreach by end of September

Stakeholder	SSC	SMHP	FG	Stakeholder	SSC	SMHP	FG
Academic	1			Health Systems/Hospitals	2	2	
Associations	1	2		LTPAC		2	
Beh. Health Providers	1		1*	MCOs		1	
Case Managers				Providers - Large	2		
Community Services		4	1	Providers - Small			1*
DC Agencies	2*	2		Residents/Patients			2
HIE Organizations		2		Community Health Centers			1
Home Health Agencies		1*		* To be completed in September			

Principle #1: Expand Access to Care

TODAY'S CHALLENGES

- Health care services are not consistently **timely** and **available** at accessible locations (HPSA, MUA/P)
- **Person-centered** care – SDH, cultures, diverse care preferences
- Despite health insurance coverage rates, not all DC residents can **afford** services.
- **Insurance** renewal and **continuity**

HIT/E GOALS

LEVERAGE HIT/E TO EXPAND ACCESS TO CARE

- Increase ***provider adoption*** of EHRs and HIE to ***expand virtual networks*** of providers in the District who are capable of delivering high-quality care leveraging technology
- Use health IT to ***electronically identify providers*** and networks of providers serving District residents
- Increase the number of ***virtual care teams that are electronically connected*** to support integrated, high-quality care across multiple modalities (e.g., telehealth)
- Increase the number of ***patients that engage with their care team*** using technology (e.g., schedule appointments: support self care, learn about new programs and services)

Principle #2: Improve Quality of Care

TODAY'S CHALLENGES

- Providers deliver care without access to **patient history** or access to **care teams**
- **Quality of care** varies across organizations
- **Quality measure** capture and reporting is a burden for providers and struggle to make it actionable and credible
- **Payers** lack data to operate efficiently and achieve strategic goals (e.g., MCOs, DHCF)

HIT/E GOALS

LEVERAGE HIT/E TO IMPROVE QUALITY OF CARE

- Ensure electronic documentation of ***high-quality health-related data*** across the District
- Improve care coordination and ***transitions of care*** by access to information collected across settings of care
- Increase use of HIT and HIE tools to support provider's efforts to achieve ***quality program targets*** while also ***reducing reporting burden***
  - Meaningful Use, FQHC P4P, MCO P4P, MIPS/MACRA, PCMH, My Health GPS

Principle #3: Promote Health Equity

TODAY'S CHALLENGES

- Disparities in health outcomes among priority populations: **severe mental illness, chronic conditions, homeless, FEMS super-utilizers, high risk moms/babies, sickle cell, asthma**
- Use of evidence-based medicine and decision support to translate data into action
- Routine use of **social determinants of health** to deliver appropriate care

TOMORROW'S OPPORTUNITIES

LEVERAGE HIT & HIE TO PROMOTE HEALTH EQUITY

- Access health-related information to support interventions designed to ***reduce disparities in health outcomes*** for identified priority populations or conditions in the District
  - Reduce disparities in Wards 7 and 8
- Collect and exchange consistent information on ***social determinants of health*** to facilitate transitions of care, support policy and planning, and evaluate efforts to maintain and improve health equity

Principle #4: Enhance Value & Efficiency of Care

TODAY'S CHALLENGES

- Treating illness vs. **prevention**
- Lags in **EHR adoption** impact delivery of efficient care and ability to participate in VBP
- Exchange of data dumps vs. ***relevant information*** to deliver high value care
- ***Redundant*** data collection, tests, procedures
- Seeking **integrated tools** vs. more tools
- Need for robust tools for **analysis,** monitoring, and reporting

TOMORROW'S OPPORTUNITIES

LEVERAGE HIT & HIE TO ENHANCE VALUE & EFFICIENCY

- Improve the value and efficiency of team-based care by integrating information across clinical, behavioral, community, public health, and payer resources
  - (e.g., strengthen communication across sectors and care teams, improve access to evidence-based, high-value care, reduce unnecessary care, reduce redundant patient forms)

BOARD ACTION – Initial Feedback on HIT/E Goals

- **Provide Initial Feedback on Draft HIT/HIE Goals**
  - Are these the right Goals?
  - Are there other Goals that are critical to our success?
  - Do these Goals meet the needs of DC patients and providers?

USE CASES BASED ON STAKEHOLDER NEEDS & PROPOSED FY18/19 IAPD PROJECTS

What We Heard From You In August

- **Consensus and Support for Stakeholder Findings**
  - HIE PB participated in discussions to review findings in August Special Session
- **Requests for Modifications or Updates**
  - Data needs/elements to exchange: immunizations and vital signs
  - Refine needs on data needed within the encounter vs. outside of the encounter
  - Clearly articulate value proposition to the patient
- **Focus Areas Stressed by HIEPB**
  - Important to continue to collect patient perspectives
  - Largest drivers of hospitalizations are behavioral health conditions and therefore most important data needs for primary care to help with transitions of care
  - Work with Medicaid MCOs to create the incentives for adoption for provider types not covered by MU, etc.
  - Use the SMHP to engage the small provider community
  - Need to develop consensus on standards for SDH exchange
- **Gaps to Consider in Stakeholder Needs Assessment**
  - Increase focus on security – privacy is often addressed, but not security
  - Patient-generated health data (PGHD) was not a focus of current activities

Use Cases Based on Stakeholder Feedback

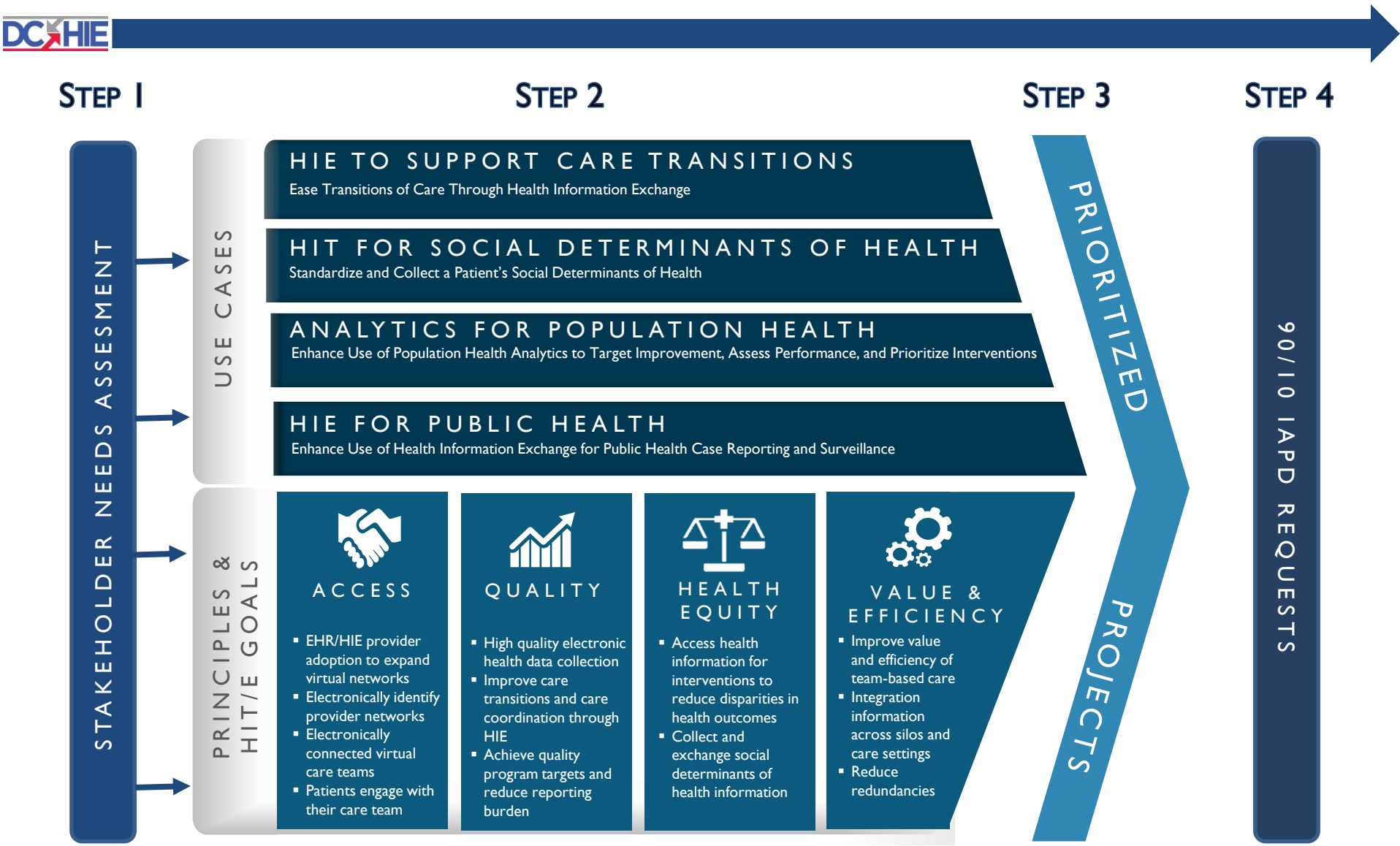
1. Consensus to Ease Transitions of Care Through Summary Records Exchange

2. Collect and Exchange Social Determinants of Health Information

3. Analytics for Population Health & Value-Based Care

4. Expand Public Health HIE

Identifying Use Cases and IAPD Projects



BOARD ACTION – Feedback on Use Cases

- **Discuss and Provide Feedback on HIE Use Cases**
  - Are these the right Use Cases?
  - Are there any Use Cases or stakeholders missing?

USE CASE #1 - TRANSITIONS OF CARE

EASE TRANSITIONS OF CARE THROUGH SUMMARY RECORDS EXCHANGE TO SUPPORT TEAMS TO COORDINATE CARE

PROBLEMS

1. Providers are not able to achieve Meaningful Use Transitions of Care (TOC) measures.
2. Receiving and consulting providers seek access to encounter information from referring providers. The next provider of care is not always known to the referring provider.
3. Encounter summary and ADT data needs to be complete and consistent.
4. Low HIT/E adoption in small practices, behavioral health, LTC, and FEMS.

EXCHANGE STAKEHOLDERS

AMBULTORY PROVIDERS (MU and non-MU)

HOSPITALS

CARE MANAGERS

PROJECTS OR TOOLS

- Support Summary Record Exchange and Access
  - TA to Support Achievement of MU Threshold for TOC
  - Encounter Summary Data Available from Patient Population Dashboard/Unified Landing Page
- Provider Directory at both the Organization and Provider Level
- HIT/E Connectivity and Technical Assistance to Low Adopters
- Improve Data Quality and Workflow
  - Information Sent to HIE via CCDs and Used by Providers
  - Improve Workflow Integration of HIE Data via Single Sign-On and/or EHR Integration

USE CASE #2 – SOCIAL DETERMINANTS OF HEALTH

COLLECT AND EXCHANGE SOCIAL DETERMINANTS OF HEALTH (SDH) INFORMATION

PROBLEMS

1. Clinical providers and care managers do not have access to available information about SDH to develop care plans that best consider the patient's needs and life circumstances.
2. There is not consensus on the SDH data to collect, frequency, and who collects it.
3. Patients do not want to share SDH information repeatedly and expect providers to know and exchange health information.
4. Some of the partners in care management are not HIPAA covered entities – policies are needed for exchanging SDH data and consent.

EXCHANGE STAKEHOLDERS

HEALTHCARE PROVIDERS

PATIENTS

CARE TEAM (Social Services, Care Managers)

PROJECTS OR TOOLS

- Technical assistance to support consensus building and implementation of best-practice workflows for capture of SDH information using EHRs or HIE
- HIE connectivity to exchange and use SDH information across stakeholders
  - EHR Data Exchange
  - Connectivity to Third-Party Data (e.g., SSA, HMIS)
  - Risk Scoring Tools/Algorithms

USE CASE #3 – POPULATION HEALTH ANALYTICS

ENHANCE POPULATION HEALTH ANALYTICS TO TARGET IMPROVEMENT, ASSESS PERFORMANCE, AND PRIORITIZE INTERVENTIONS TO SUPPORT PARTICIPATION IN VALUE BASED CARE

PROBLEMS

1. Current HIE is moving data around, vs. information views to support management of patients in a value-based care environment.
2. EHR and HIE capabilities are not tailored to managing high-risk patients with specific chronic conditions.
3. Tools and resources that perform analytics and reporting that provide useful intelligence are not available.
4. Larger organizations also seek access to claims information or raw data to enable them to perform analytics in-house.
5. Quality reporting and chart review are burdensome for provider organizations and payers.

EXCHANGE STAKEHOLDERS

HEALTHCARE PROVIDERS

PAYERS

ACCOUNTABLE CARE ORGANIZATIONS

PROJECTS OR TOOLS

- Expand HIE tools and connectivity to establish registries for high-priority conditions/patients
- Advanced analytics tools that provide intelligence and actionable information derived from claims and clinical data

USE CASE #4 – PUBLIC HEALTH

EXPAND PUBLIC HEALTH HIE CONNECTIVITY AND CAPABILITIES TO IMPROVE PUBLIC HEALTH CASE REPORTING AND SURVEILLANCE FOR ALL PROVIDERS

PROBLEMS

1. Current reporting requirements are manual, burdensome, and require multiple interfaces for different registries - this can be streamlined.

2. Case reporting is largely one-way, providers are not accessing registries to improve care.

3. Public Health HIE needs and responsibilities for the District are for patients seen across all-payers, not just Medicaid.

EXCHANGE STAKEHOLDERS

PROVIDERS REPORTING TO PUBLIC HEALTH

DC GOVT HEALTH AGENCIES (DOH, DHCF, DBH, FEMS)

PROJECTS OR TOOLS

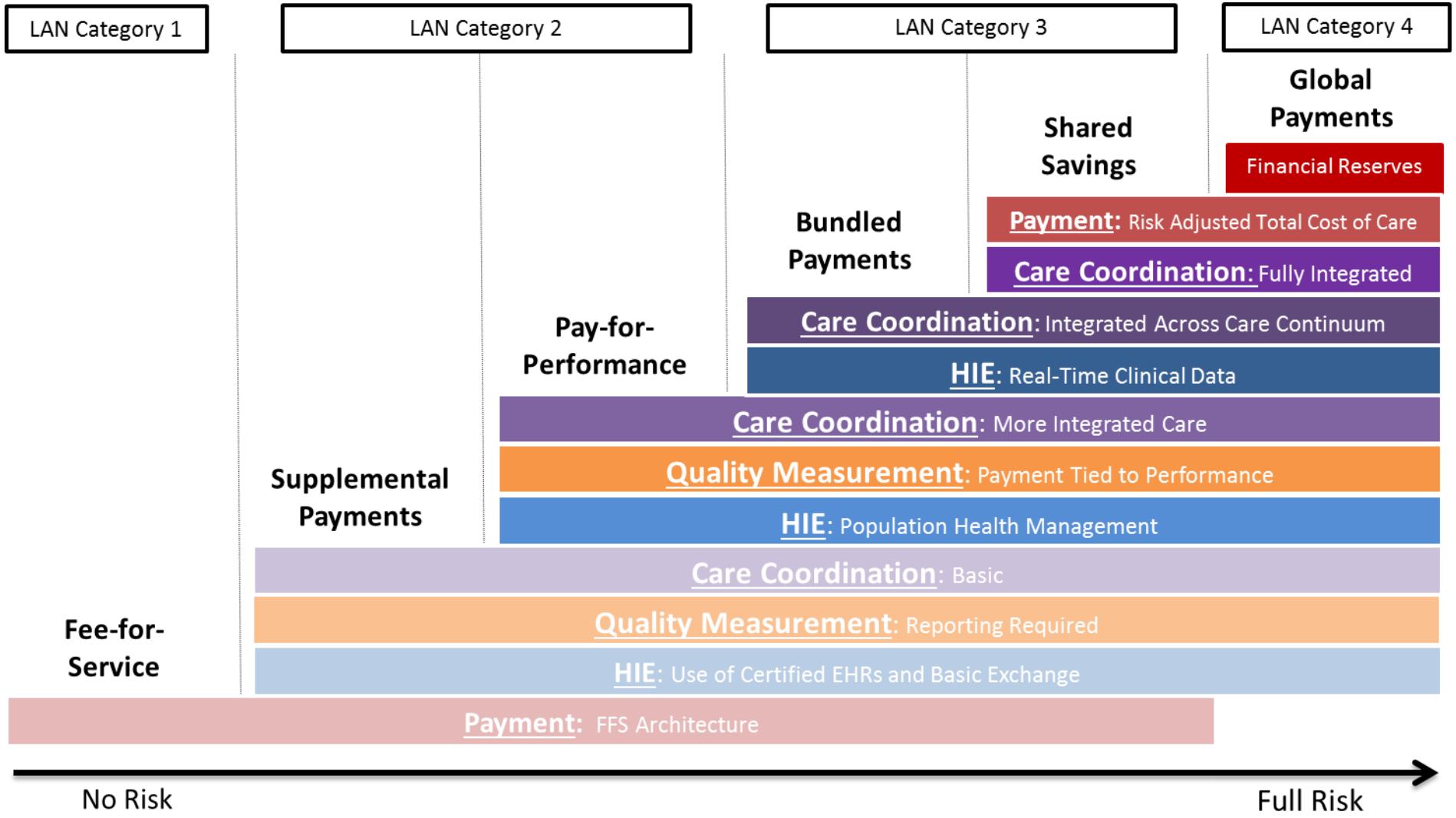
- Opportunities to align HIE services and infrastructure with Health IT program development at DOH

- Streamline HIE connectivity for providers to exchange data with public health
  - Single connection between HIE and DOH for bi-directional flow of data
  - Single connection to exchange data for care coordination, reporting, public health
  - Develop tools for automatic electronic case reporting to DOH

BOARD ACTION – Feedback on Use Cases

- **Discuss and Provide Feedback on HIE Use Cases**
  - Are these the right Use Cases?
  - Are there any Use Cases or stakeholders missing?

Steps Towards Managing Population Health Risk



DC HIE Roadmap – Project Initiation Timeline

PAST '15-'17	TODAY '17-'18	FY '18	FY '19	FY '20	FY '21
ACCESS	**ACCESS & EXCHANGE**	**EXCHANGE** *CARE TRANSITIONS*	**EXCHANGE & USE** *BASIC ANLAYTICS*	**USE** *ADV. ANALYTICS*	**IMPROVE** *EXPANDED VBP*
• Ambulatory, Hospital EHRs • DC HIE Hospital Connection • ENS Notifications • Public Health HIE Integration • Organizational/Community HIEs Established	• Care Profile • CAliPHR for CQMs • Pt Population Dashboard • OB/Prenatal Registry • Medicaid Claims Data • Ambulatory EHR Technical Assistance	**Review and Prioritize IAPD Projects**		• TBD - Advanced Analytics and Tools • TBD - HIE Policy Levers • TBD - Integration of DC Govt. Systems Data	• TBD - Expand Advanced Analytics and Tools • TBD - Data Liquidity • TBD – Other Projects
Initiated and In Progress		***FY18/19 Use Case & IAPD Development***		*FY20/21 Use Case & IAPD Development*	

BOARD ACTION: Review IAPD Projects

Consider the Following Factors:

- ❑ **Impact**
  - ✓ Stakeholder Value
  - ✓ Procurement Process
  - ✓ Implementation Timeline
- ❑ **End User Level of Effort**
  - ✓ Sending Provider
  - ✓ Receiving Provider
- ❑ **Costs and Resources**
  - ✓ Stakeholder Resources
  - ✓ Financial Match
- ❑ **Sustainability Outlook**
  - ✓ Connection to VPB, MU, MIPS/MACRA
  - ✓ Future Funding Sources
  - ✓ Operational Importance
  - ✓ Long-term Impact

BOARD ACTION - Member Feedback: IAPD Projects

- Across 4 Use Cases, there are 18 HIE Projects
- Are there additional projects that should be considered?
- What are your priorities and rationale?
- Board member exercise: Bucket projects into 3 tiers:
  - **"Must Have"** projects are of the highest priority, critical to HIE success, and should be prioritized for FY 18/19
  - **"Should Have"** projects support near-term needs and support longer-term goals, and should considered for FY 19/20
  - **"Nice to Have"** projects are important to achieve the value of HIT/E, but are recommended for future IAPD development
  - **N/A** projects are either low priority or should not be considered for IAPD development

What Are Your Priorities? (1/2)

	Project Summary	Use Case Supported	HIE PB Tier Rating
1	TA Support to Achieve Meaningful Use Transitions of Care (TOC) Measure	Transitions of Care	
2	Access to Encounter Summary Data Within Patient Population Dashboard/Unified Landing Page	Transitions of Care	
3	Provider Directory – Master Provider Index	Transitions of Care	
4	Enhanced Direct Capability to Support Push-Based Exchange and Providers without EHRs	Transitions of Care	
5	Improve Data Quality of HIE Data: CCD, ENS Notifications	Transitions of Care	
6	Small and Independent Practice Providers: EHR TA and HIE Connectivity (non-My Health GPS Providers)	Transitions of Care	
7	Behavioral Health Providers: EHR TA and HIE Connectivity	Transitions of Care	
8	Long-Term Care Providers: EHR TA and HIE Connectivity	Transitions of Care	
9	Fire/EMS Providers: EHR TA and HIE Connectivity	Transitions of Care	
10	Community Services Providers: HIE Connectivity	Transitions of Care, Social Determinants	

What Are Your Priorities? (2/2)

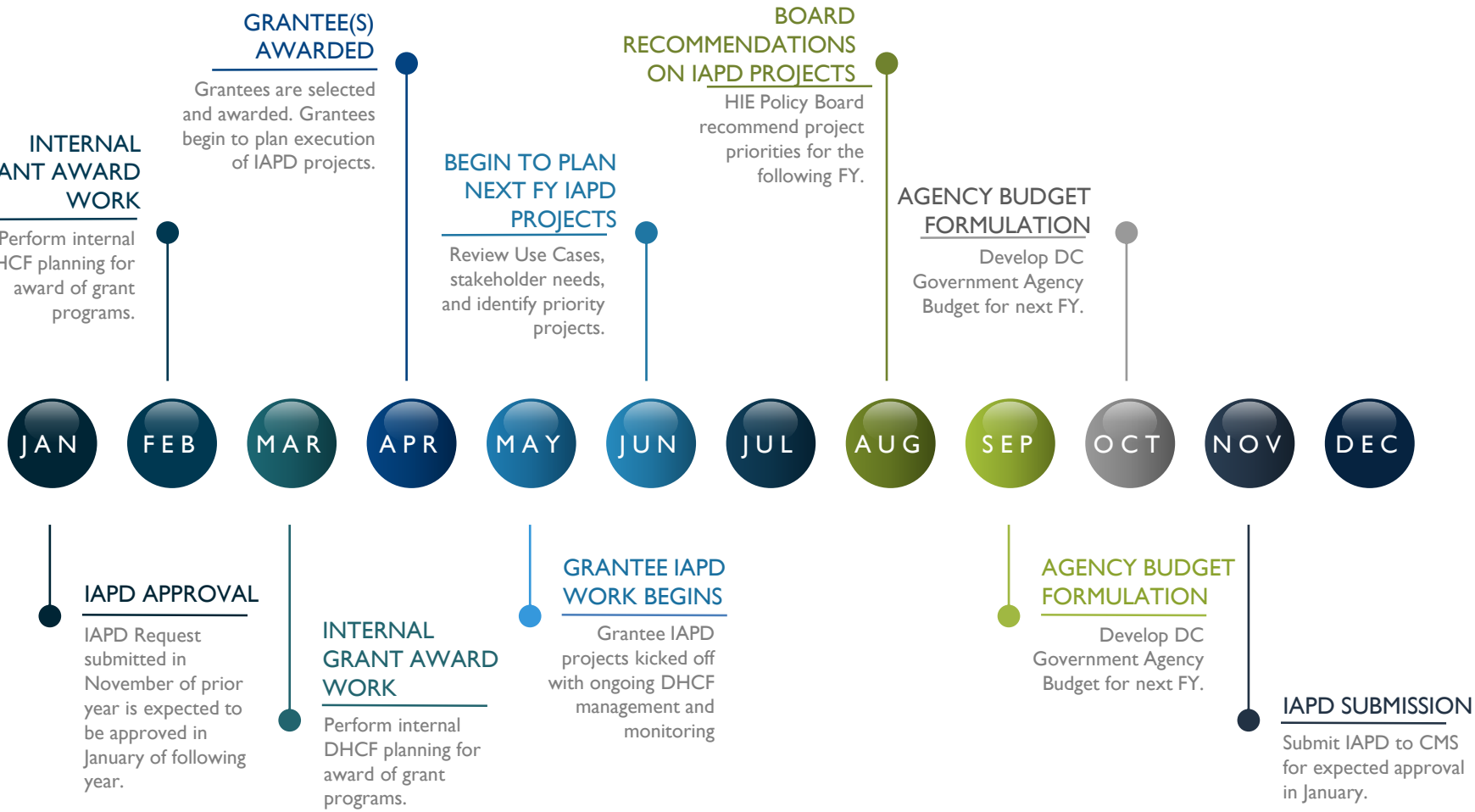
	Project Summary	Use Case Supported	HIE PB Tier Rating
11	Pharmacy Data / Medication Reconciliation	Transitions of Care	
12	Single-Sign-On and EHR Integration to Enhanced HIE Tools	Transitions of Care	
13	TA to Determine Consensus for Social Determinants of Health Information Capture within EHRs	Social Determinants	
14	TA and Connectivity Support for Standards Based Exchange of Social Determinants of Health	Social Determinants	
15	Registries for Management of Patients with High-Risk Conditions	Population Health	
16	Advanced Analytics Tools to Support ACO and VBP Participation	Population Health	
17	Public Health Case Reporting and Surveillance	Public Health	
18	Public Health Registries / DOH Connections (e.g., PDMP, Rhapsody, Clinical)	Public Health	

FY18 Planning: DC HIE Roadmap

FY'18/19
PLANNING
SEPTEMBER 21 POLICY BOARD MEETING

REVIEW & CONFIRM
BOARD FEEDBACK FOR
IAPD DEVELOPMENT

Annual IAPD Timeline



NEXT STEPS

SMHP and IAPD Next Steps

- Develop and Finalize Roadmap and IAPD Requests
- Finalize SMHP Draft
- Conduct SMHP Feedback and Comment Processes
  - SMHP Update Team/CGH Office Hours
  - SMHP Comments/Questions: hank@govhealth.com
- Enhanced Stakeholder Engagement and Outreach

BOARD ACTION - Scheduling FY18 HIEPB Meetings

- Proposed Meeting Times:
  - 10 AM – Noon
  - 3PM – 5PM
  - 5PM – 7PM
- Board Action: Vote on meeting time
- Proposed Meeting Dates
  - Thursday, January 18, 2018
  - Thursday, April 19, 2018
  - Thursday, July 19, 2018
  - Thursday, September 20, 2018
- Board Action: Vote to finalize FY18 HIEPB Meeting schedule

HIEPB Vacancy and Attendance

- We're looking at Board composition to ensure we have assembled a Board that represents stakeholders District-wide

- New Board vacancy
  - 1 Provider/Provider Organization Member

- Board attendance requirement
  - Expectation to attend all regularly scheduled meetings
  - Members who fail to attend 2 or more consecutive meetings shall be deemed voluntarily resigned

PUBLIC COMMENT

BOARD ACTION – Motion to Adjourn

- Vote to Adjourn Today's Meeting

NEXT MEETING:
JANUARY TBD